

OFFICIAL TDY TRAVELER AUTHORIZATION (Note: See Privacy Act Statement on reverse)			1. AUTHORIZATION NO. PNANCHORAGEAK101111 A01	
2. TRAVELER (first name, middle initial, last name) PHILLIP A. NORTH		3. TITLE OTHER		4. SOCIAL SECURITY NO. EPA-00-018215
5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED: 3810 WILDROSE AVENUE KENAI, AK 99611		6A. OFFICE/SERVICE AND DIVISION GEPAR10AOO		6B. CORR. SYMBOL
		7. OFFICIAL DUTY STATION EPA		8. OFFICE PHONE NO. 907-714-2483
		9. TYPE <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		10. CATEGORY <input checked="" type="checkbox"/> SINGLE TRIP <input type="checkbox"/> LOA (<input type="checkbox"/> COST <input type="checkbox"/> NO COST)
11. TRAVEL PURPOSE (check one) <input type="checkbox"/> SITE VISIT <input checked="" type="checkbox"/> INFORMATION MEETING <input type="checkbox"/> TRAINING ATTENDANCE <input type="checkbox"/> SPEECH OR PRESENTATION <input type="checkbox"/> CONFERENCE ATTENDANCE <input type="checkbox"/> ENTITLEMENT <input type="checkbox"/> SPECIAL MISSION <input type="checkbox"/> OTHER (SPECIFY)				
12. SPECIFIC TRAVEL PURPOSE				

13. AUTHORIZED OFFICIAL ITINERARY									
NOTE: DO NOT include any personal sidetrips or modes of transportation that are for personal convenience and/or preference.									
DATE (a)	WEEK-DAY (b)	ITINERARY POINT (c)		PER DIEM RATE			ACTUAL EXPENSE RATE (g)	MODE OF TRANS. BETWEEN ITINERARY POINTS (h)	MODE OF LOCAL TRANSPORTATION (i)
		CITY	STATE	M&IE RATE (d)	MAXIMUM LODGING (e)	TOTAL MAXIMUM (f)			
		FROM:							
10/11/11	TU	RES: KENAI	AK						
10/14/11	FRI	TO: ANCHORAGE	AK	96	99	195			PAL
-----	---	ANCHORAGE	AK	---	---	---			
-----	---	TO: -----	--	---	---	---			----
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10/14/11	FRI	TO: RES: KENAI	AK						
YES	NO	14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? (If YES, explain in item 22, REMARKS) (Note: any deviations from the authorized itinerary requires a comparative cost statement on the SF 1012, Travel Voucher.)							
	X								
	X	15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? (If NO, justify in item 22)							
	X	16. IS EXTRA AIR FARE (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? (If YES, justify in item 22)							
	X	17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? (If YES, check one box below and complete item 17B) <input type="checkbox"/> USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT. <input type="checkbox"/> USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER							17B. MILEAGE RATE AUTHORIZED PER MILE.
	X	18. IS ACTUAL EXPENSE UNUSUAL CIRCUMSTANCES AUTHORIZED? (If YES, justify in item 22) IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLLOWING APPLY: (1) EXPENSES MUST BE ITEMIZED EACH DAY. (2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER \$25.00. (3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM 13(d).							
19. TRAVELER IS (check one)		20. METHOD OF OBTAINING COMMON CARRIER TICKETS (check one) (Note: if item 19a was checked and you check 20b or c, explain in item 22)			21. FUNDS		A. INITIALS		
<input type="checkbox"/> a. GOVT CHARGE CARD HOLDER <input type="checkbox"/> b. GOVT CHARGE CARD DECLINEE <input type="checkbox"/> c. INFREQUENT TRAVELER		<input type="checkbox"/> a. INDIVIDUAL GOVERNMENT CHARGE CARD <input type="checkbox"/> b. BLANKET GOVERNMENT CHARGE CARD <input type="checkbox"/> c. GOVERNMENT TRANSPORTATION REQUEST <input type="checkbox"/> OTHER (explain in item 22)			OBLI-GATED		B. DATE		

22. REMARKS Item 15: Air travel not used. ATTEND PEBBLE LIMITS PARTNERSHIP ENVIRONMENTAL BASELINE PRESENTATIONS.		23. EST. COST TO GOVERNMENT	
		A. TOTAL COMMON CARRIER COST	\$ 0.00
		B. TOTAL PER DIEM AND OTHER	\$ 737.82
		C. TOTAL ESTIMATED COST	\$ 737.82
24. TRAVEL ADVANCE WILL BE OBTAINED BY (check one) <input checked="" type="checkbox"/> a. GOVERNMENT ISSUED CHARGE CARD <input type="checkbox"/> b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT		25. ADVANCE AUTHORIZED	
		\$ 0.00	

IMPORTANT: SAFETY BELT USE IS MANDATORY. DRIVE SAFELY										
A SF 1012, TRAVEL VOUCHER MUST BE SUBMITTED TO THE VOUCHER APPROVING OFFICIAL WITHIN 5 WORKING DAYS OF COMPLETION OF TRIP.										
26. NEAR ACCOUNT CLASS.	FUND	ORGANIZATION	BUDGET ACTIVITY	OBJECT CLASS	FUNCTION	COST ELEMENT	PROJECT / PROSPECTUS	COST CENTER A	WORK ITEM	COST CENTER B
	Refer to accounting detail attachment (must be enabled on form preferences).									
27A. NAME AND TITLE OF AUTHORIZING OFFICIAL -					27B. SIGNATURE (PRESS FIRMLY USE BALL POINT PEN)			27C. DATE		

ACCOUNTING CLASS CODE			TRIP 1
LODGING 2111-2111			297.00
M&IE 2111-2111			336.00
MILEAGE-2114			9.18
OTHER-2117			75.64
PHONE CALLS-2117			5.00
TAV EXP -I-2118			15.00
11 AOO EPM	0.00	0.00	737.82
UAT^20112012^B^10U^503LD9C^^^AP27^^^			